

FILED 26 JAN 18 11:04 USDC-OR

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON
SELECT A DIVISION DIVISION

Juliana Marie Lewis

(Enter full name of plaintiff(s))

Plaintiff(s),

Civil Case No. 3:18-cv-184-JR
(to be assigned by Clerk of the Court)

APPLICATION TO PROCEED
IN FORMA PAUPERIS

v.

Andrew Grassley, Zimmerman, Cynthia Lenning, Hilary Petzel,
Jennifer Hunter, Richard Ives; Mary M. Mitchell; Ian Connors
(Enter full name of ALL defendant(s))

Defendant(s).

Juliana M. Lewis, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions:

1. Are you currently incarcerated? ☒ Yes ☐ No

If "Yes" state the place of your incarceration: FCI Sheridan, Sheridan, OR

If "Yes" and you are filing a civil action, have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account showing transactions for the past six (6) months.

2. Are you currently employed? ☒ Yes ☐ No ☐ Self-employed

a. If the answer is "Yes," state:

Employer's name: FCI Sheridan

Employer's address: P.O. Box 5000 Sheridan, OR 97378

Amount of take-home pay or wages: \$ 60.00 per month (specify pay period)

b. If the answer is "No," state:

Name of last employer: _____

Address of last employer: _____

Date of last employment: _____

Amount of take-home salary or wages: \$ _____ per _____ (specify pay period)

3. Is your spouse employed? ☐ Yes ☐ No ☐ Self-employed ☒ Not applicable

a. If the answer is "Yes," state:

Employer's name: _____

Employer's address: _____

Amount of take-home pay or wages: \$ _____ per _____ (specify pay period)

b. Do you have access to your spouse's funds to pay the filing fee in this case? ☐ Yes ☐ No

Please explain your response below:

c. If your spouse's income or assets are available to you to pay the filing fee in this case, would your spouse have enough money left to pay for his or her own expenses?

☐ Yes ☐ No If the answer is "No," please explain below:

4. In the past 12 months have you received any money from any of the following sources?

a. Business, profession or other self-employment ☐ Yes ☒ No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

b. Rent payments, interest, or dividends ☐ Yes ☒ No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

- c. Pensions, annuities, or life insurance payments ☐ Yes ☒ No
 If "Yes," state: Amount received: \$ _____
 Amount expected in future: \$ _____
- d. Disability or workers compensation payments ☐ Yes ☒ No
 If "Yes," state: Amount received: \$ _____
 Amount expected in future: \$ _____
- e. Gifts or inheritances ☒ Yes ☐ No
 If "Yes," state: Amount received: \$ 1,500 - 9,000
 Amount expected in future: \$ 500
- f. Any other sources ☐ Yes ☒ No
 If "Yes," state: Source: _____
 Amount received: \$ _____
 Amount expected in future: \$ _____

5. Do you have cash or checking or savings accounts? ☒ Yes ☐ No
 (including prison trust accounts)?

If "Yes," state the total amount: 4,100

6. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes," describe the asset(s) and state the value of each asset listed.

7. Do you have any other assets? ☐ Yes ☒ No

If "Yes," list the asset(s) and state the value of each asset listed.

8. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? ☐ Yes ☒ No

If "Yes," describe and provide the amount of the monthly expense.

9. List the persons (or, if under 18, initials only) who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

10. Do you have any debts or financial obligations? ☐ Yes ☒ No

If "Yes," describe the amounts owed and to whom they are payable.

If I am incarcerated, I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments toward the full filing fee of \$350.00 for a prisoner civil rights complaint in accordance with 28 U.S.C. § 1915(b).

I declare under penalty of perjury that the above information is true and correct.

1/23/18
DATE

Juliana Lewis
SIGNATURE OF APPLICANT

Juliana Lewis
PRINTED NAME OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration.)

I certify that the applicant named herein has the sum of \$ 7,653.⁹⁷ on account to his/her credit at FCI SHERIDAN (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 4,079.⁰¹ I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ 1,767.²⁰

I have attached a certified copy of the applicant's trust account statement showing the transactions for the past six months.

1-19-18
DATE

C. S. Simmons C.S. - 8 UNIT MANAGER
SIGNATURE OF AUTHORIZED OFFICER

Inmate Inquiry

Inmate Reg #: 11240046 Current Institution: Sheridan FCI
 Inmate Name: LEWIS, JULIANNA Housing Unit: SHE-C-R
 Report Date: 01/19/2018 Living Quarters: C07-203U
 Report Time: 3:21:09 PM

General Information | Account Balances | Commissary History | Commissary Restrictions | Comments
General Information

Administrative Hold Indicator: No
 No Power of Attorney: No
 Never Waive NSF Fee: No
 Max Allowed Deduction %: 100
 PIN: 8739
 PAC #: 755623758
 Revalidation Date: 1st
 FRP Participation Status: Completed
 Arrived From: VIM
 Transferred To:
 Account Creation Date: 10/25/2011
 Local Account Activation Date: 4/8/2014 3:14:59 AM
 Sort Codes:
 Last Account Update: 1/19/2018 11:22:20 AM
 Account Status: Active
 Phone Balance: \$3.98

Pre-Release Plan Information

Target Pre-Release Account Balance: \$40,000.00
 Pre-Release Deduction %: 35%
 Income Categories to Deduct From: ☐ Payroll ☒ Outside Source Funds

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

Account Balance: \$4,068.08
 Pre-Release Balance: \$3,585.89
 Debt Encumbrance: \$0.00
 SPO Encumbrance: \$0.00
 Other Encumbrances: \$0.00
 Outstanding Negotiable Instruments: \$0.00

Administrative Hold Balance: \$0.00
 Available Balance: \$482.19
 National 6 Months Deposits: \$1,767.20
 National 6 Months Withdrawals: \$1,706.85
 Available Funds to be considered for IFRP Payments: \$1,317.20
 National 6 Months Avg Daily Balance: \$4,079.01
 Local Max. Balance - Prev. 30 Days: \$4,105.08
 Average Balance - Prev. 30 Days: \$3,722.58

Commissary History

Purchases

Validation Period Purchases: \$154.30
 YTD Purchases: \$1,055.00
 Last Sales Date: 1/10/2018 7:13:15 AM

SPO Information

SPO's this Month: 0
 SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No
 Weekly Revalidation: No
 Bi-Weekly Revalidation: Yes
 Spending Limit: \$180.00
 Expended Spending Limit: \$0.00
 Remaining Spending Limit: \$180.00

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00
 Restricted Expended Amount: \$0.00
 Restricted Remaining Spending Limit: \$0.00
 Restriction Start Date: N/A
 Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Active
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Comments

Comments:
